QUALITY DEFICIENCY RECORD	1. DATE (YYMMDD)	2. REFERENCE NUMBER
TO (Contractor):	FROM (Quality Assurance Representative):	
<ol> <li>THE FOLLOWING DISCREPANCY (IES) REQUIRE CORRECTIVE ACT THE CAUSE (S), INCLUDE A DESCRIPTION OF THE:</li> </ol>	CTION AS TO THE CORRECTION OF DEFECT	(S) AND THE CORRECTION OF
A. ROOT CAUSE OF THE DEFICIENCY. B. ACTION TAKEN TO CORRECT THE SPECIFIC DEFICIENCY.	E. ACTION TAKEN TO CORREC ALLOWED DEFICIENT PROD	
C. ACTION TAKEN TO CORRECT AND PREVENT RECURRENCE OF ROOT CAUSE OF DEFICIENCY.		CEPTANCE.
<ul> <li>D. ACTION TAKEN TO DETERMINE IF OTHER PRODUCT IS AFFECTED BY THE SAME OR SIMILAR DEFICIENCY AND</li> </ul>	CORRECTIVE ACTION.	
ACTION TAKEN REGARDING SUSCEPTIBLE PRODUCT.		
3A. THIS DISCREPANCY WILL AFFECT PRODUCTION SCHEDULES  YES  NO	(If "YES" is checked, send copy to production elem	nent)
4. IT IS REQUESTED THAT A REPLY AS TO CORRECTIVE ACTIO EVENT CORRECTIVE ACTION CANNOT BE FINALIZED BY THA THIS FORM MAY BE USED FOR YOUR REPLY. PLEASE REFER	T DATE, REQUEST DATE SAME WILL BE C	
		NATURE OF REQUESTOR

	CONTRACTOR'S REPLY (QAR will attach separate reply to file		
		13	
F.A	TYPED OD BRINTED NAME OF CONTRACTOR	LED CIGNATURE	
5A	A. TYPED OR PRINTED NAME OF CONTRACTOR	5B. SIGNATURE	5C. DATE (YYMMDD)
5A	A. TYPED OR PRINTED NAME OF CONTRACTOR REPRESENTATIVE (Last, First, MI)	5B. SIGNATURE	5C. DATE (YYMMDD)
	REPRESENTATIVE (Last, First, MI)		
	REPRESENTATIVE (Last, First, MI)	5B. SIGNATURE  CONTRACTOR'S ACTION (To be completed by Quality Assurance Rep	
	REPRESENTATIVE (Last, First, MI)		
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	REPRESENTATIVE (Last, First, MI)		
6.	STATEMENT OF VERIFICATION AND EVALUATION OF C	CONTRACTOR'S ACTION (To be completed by Quality Assurance Repo	esentative):
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